

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:	Case No. 15-33531
Tammy L Triplett	
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Glenn Stearns, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/30/2015.
- 2) The plan was confirmed on NA.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on NA.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was converted on 02/18/2016.
- 6) Number of months from filing to last payment: 4.
- 7) Number of months case was pending: 5.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$5,800.00.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank .

Receipts:

Total paid by or on behalf of the debtor	\$700.00
Less amount refunded to debtor	\$665.00

NET RECEIPTS: **\$35.00**

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$0.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$35.00
Other	\$0.00

TOTAL EXPENSES OF ADMINISTRATION: **\$35.00**

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ARS ACCOUNT RESOLUTION	Unsecured	282.00	NA	NA	0.00	0.00
AURORA HEALTH CARE/STATE COL	Unsecured	70,000.00	NA	NA	0.00	0.00
AURORA MEDICAL GROUP/STATE C	Unsecured	4,216.00	NA	NA	0.00	0.00
CAPITAL ONE	Unsecured	3,257.00	NA	NA	0.00	0.00
CAPITAL ONE BANK/LAKE COUNTY	Unsecured	4,702.00	NA	NA	0.00	0.00
CHICAGO OPHC	Unsecured	1,972.00	NA	NA	0.00	0.00
CITY OF WAUKEGAN	Unsecured	565.00	NA	NA	0.00	0.00
COMPREHENSIVE ORTHOPAEDICS	Unsecured	41,000.00	NA	NA	0.00	0.00
GLENLAKE TERRACE NURSING & RE	Unsecured	735.00	NA	NA	0.00	0.00
GREAT LAKES FOOT & ANKLE	Unsecured	240.00	NA	NA	0.00	0.00
HSBC BANK NEVADA/CAVALRY POI	Unsecured	1,788.00	NA	NA	0.00	0.00
OMNICARE	Unsecured	100.00	NA	NA	0.00	0.00
RC MCLEAN & ASSOC/CMRE FINANC	Unsecured	120.00	NA	NA	0.00	0.00
STATE COLLECTION SERVI	Unsecured	256.00	NA	NA	0.00	0.00
SUPERIOR AMBULANCE SERVICE	Unsecured	210.00	NA	NA	0.00	0.00
TRISTATE ADJUSTMENTS	Unsecured	756.00	NA	NA	0.00	0.00
TRISTATE ADJUSTMENTS	Unsecured	1,371.00	NA	NA	0.00	0.00
UNITED HOSPITAL SYSTEM	Unsecured	60.00	NA	NA	0.00	0.00
US CELLULAR/DIVERSIFIED CONSUL	Unsecured	450.00	NA	NA	0.00	0.00
VIREO EMETGENCY PHYSICIANS LL	Unsecured	1,128.00	NA	NA	0.00	0.00
VISTA MEDICAL CENTER EAST/PROI	Unsecured	210.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$0.00	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$35.00</u>
Disbursements to Creditors	<u>\$0.00</u>

TOTAL DISBURSEMENTS :	<u>\$35.00</u>
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12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 03/09/2016

By: /s/ Glenn Stearns

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.